

No. 55038	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To: Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990		C. EUGENE SULLIVAN, M.D.																									
	1. Mailing Address — Please Correct		999 N. CURTIS ROAD, #109																									
	IDAHO PLASTIC SURGEONS, P.A. C. EUGENE SULLIVAN, M.D. 999 NO. CURTIS, SUITE 109 BOISE ID 83706		BOISE ID 83706 61 3. Incorporated Under The Laws of ID NO: 055038																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Sohn L. Hambrick M.D.</td> <td>As above</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td>Joni S. Sullivan</td> <td>As above</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>C. Eugene Sullivan M.D.</td> <td>As above</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Sohn L. Hambrick M.D.	As above				Secretary:	Joni S. Sullivan	As above				Directors:	C. Eugene Sullivan M.D.	As above			
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Directors:	C. Eugene Sullivan M.D.	As above																										
5. Nature of Business <i>Medical Office</i>	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete <table border="1"> <tr> <td>Signature</td> <td><i>C. Sullivan MD</i></td> <td>Date</td> <td><i>16 July 90</i></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><i>CE Sullivan</i></td> <td>Title</td> <td><i>Director</i></td> </tr> </table>				Signature	<i>C. Sullivan MD</i>	Date	<i>16 July 90</i>	Name (Typed or Printed)	<i>CE Sullivan</i>	Title	<i>Director</i>																
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